



AF ✓ *mw*

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 42390P8628
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. <i>June 23, 2005</i>		In re Application of Carl M Ellison, et al.
Signature <u><i>Gayle</i></u> Typed or printed name Gayle Bekish	Application Number 09/540,613	Filed 03/31/2000
	For MANAGING A SECURE ENVIRONMENT USING A	
	Art Unit 2134	Examiner Ellen Tran
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 1.17(b))		<u> \$500.00 </u>
<input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u> </u>		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of the fee transmittal.		
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2666</u> . I have enclosed a duplicate copy of the fee transmittal.		
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.		
I am the		<u><i>Paul A. Mendonsa</i></u> Signature
<input type="checkbox"/> applicant/inventor.		<u>Paul A. Mendonsa, Reg. No. 42,879</u> Typed or printed name
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
<input checked="" type="checkbox"/> attorney or agent of record.		<u>06/23/05</u> Date
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u> </u>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input type="checkbox"/> *Total of <u> </u> forms are submitted.		

Based on PTO/SB/31 (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 09/11/2003.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

06/28/2005 WASFAW1 00000038 09540613

01 FC:1401

500.00 OP